



# Supportive Housing for Homeless Families: Foster Care Outcomes and Best Practices

Completed for Cottage Housing Incorporated, Sacramento, California  
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San Francisco State University

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SIERRA HEALTH  
FOUNDATION



Dear Colleagues,

It is with great pleasure that we share this research study, *Supportive Housing for Homeless Families: Foster Care Outcomes and Best Practices*, by Sonja Lenz-Rashid, PhD, LCSW, of San Francisco State University. The study was completed for Cottage Housing Incorporated and was funded by Sierra Health Foundation.

Dr. Lenz-Rashid studied nearly 300 children and youth who had a history in the foster care and child protective services systems. In the study, formerly homeless families received housing and comprehensive support programs at Serna Village, a residential facility in Sacramento operated by Cottage Housing. Dr. Lenz-Rashid's research shows that Serna Village's best-practice program model of permanent housing social support and case management services can break the cycle of abuse and neglect and significantly reduce re-entry into the foster care system.

As Dr. Lenz-Rashid notes, best-practice programs such as those operated by Cottage Housing demonstrate their ability to improve youth and family well-being at a lower cost to taxpayers. This study quantifies the fiscal savings associated with breaking the cycle of abuse and neglect among disenfranchised families. More importantly, it captures the efficacy of reducing re-entry into the child welfare system and the substantial social, emotional and developmental benefits housing stability provides to children who can maintain their connection to a healthy family and community.

This is one of the few studies that has examined child welfare outcomes for homeless families after their participation in a transitional living program. It suggests that additional public investment to increase the number of supportive programs that offer best-practice models for successfully reuniting and supporting families should be considered.

We hope this study will provide an impetus to public administrators, elected officials and private enterprise to make the investments necessary to replicate the success of Cottage Housing's Serna Village. This approach improves the lives of homeless parents and their children, utilizes our fiscal resources wisely and provides a better path for vulnerable children and families to contribute to the community.

Sincerely,



A handwritten signature in black ink, appearing to read "Chet P. Hewitt".

Chet P. Hewitt  
President and CEO  
Sierra Health Foundation



A handwritten signature in black ink, appearing to read "Jeff Raimundo".

Jeff Raimundo  
Executive Director  
Cottage Housing Incorporated

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## Executive Summary

Poverty is a well-documented risk factor for family involvement with child protective services and other elements of the child welfare system.<sup>1</sup> Recent studies show that homeless families have higher rates of being involved in the child welfare system than the general population.<sup>2</sup> However, there is little known about how supportive housing programs for homeless families can affect their long-term outcomes.

This report describes the outcome evaluation of Cottage Housing Incorporated's Serna Village program in Sacramento, California. Serna Village is a supportive housing program serving homeless families. Outcomes from the program illustrate that it is possible to end recidivism into the child welfare system for homeless families by providing them with permanent housing and comprehensive support services. Although homeless and marginally housed families have high rates of involvement in the child welfare system, this study found that permanent and stable housing, social support and case management services can prevent these disenfranchised families from re-entering the foster care system. The intervention of supportive housing — housing and services focused on the unique needs of adults

and their children exiting homelessness — may break the cycle of abuse and neglect among these families.

Conducted in 2011, this study involved a sample of 293 children and youth from approximately 150 families who lived with one or more parents in Cottage Housing Incorporated's Serna Village between 2002 and 2009, the first seven years of the program. Below are the demographic and outcome data from the sample:

- The mean age of the children studied was 9 years
- 208 children and youth from the sample (71%) graduated from Serna Village and stayed an average of 23.5 months (with the longest staying 64 months)
- 207 (71%) of the children in this sample had past involvement in the child welfare system before moving to Serna Village, which is a much higher percentage of involvement than other empirical studies
- 10% re-entered foster care after graduating from Serna Village (compared with 20% to 40% from other studies)
- Although the Serna Village youth spent longer time in foster care at first entry when compared with other Sacramento County foster youth, the Serna Village

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<sup>1</sup> Courtney, Zinn et al., 2004, p. 394

<sup>2</sup> Bassuk & Weinreb, 1997; Culhane et al., 2003; Jones, 1998; Park et al., 2004; Zlotnick, Robertson, & Wright, 1999





youth spent less time in care at re-entry when compared to other Sacramento County youth (re-entry was examined after exiting Serna Village)

- Child welfare costs of sample before Serna Village was \$1,313,262 and after graduating from Serna Village was \$295,632
- Savings in county child welfare costs 2.5 to 5 years after leaving Serna Village was \$1,017,630

The findings from this study indicate that comprehensive supportive housing programs following a best-practice model can provide homeless parents and their children with stable living for a significant period of time. Supportive housing programs also may give homeless parents an opportunity to find and maintain employment, work on their education, save a substantial amount of money for move-out costs, learn daily living skills, experience a real-world living situation and prevent re-entry into the child welfare system. The outcomes from this study may help inform policymakers and child welfare administrators with recommendations to better assist marginalized families and save valuable funding dollars.

*Although homeless and marginally housed families have high rates of involvement in the child welfare system, this study found that permanent and stable housing, social support and case management services can prevent these disenfranchised families from re-entering the foster care system.*

### Policy Recommendations

First, this study shows that county child welfare agencies should contract wraparound services to providers such as Cottage Housing Incorporated to offer housing, mental health and case management support, which can decrease county child welfare recidivism rates and expensive out-of-home placement costs.

Second, Sacramento County should obtain Family Unification Program funding available through the U.S. Department of Housing and Urban Development. The Family Unification Program is a program under which Housing Choice Vouchers are provided to families for whom the lack of adequate housing is a primary factor in: 1) the imminent placement of the family's child or children in out-of-home care, or 2) the delay in the discharge of the child or children to the family from out-of-home care. There is no time limitation on Family Unification Program vouchers. Funding requires collaboration between the local public housing authority and the county child welfare agency. Application for Family Unification Program vouchers requires a signed memorandum of understanding between the local public housing agency and the child welfare agency. The public housing agency administers the vouchers and the child welfare agency provides supportive services to child welfare-involved families and youth. Housing Choice Vouchers can be used for payment for supportive housing programs like Cottage Housing Incorporated's Serna Village to pay for property and staffing costs.



## Prevalence of Homelessness

The United States appears to be a leader among nations in the developed world when it comes to the current prevalence of homelessness.<sup>3</sup> Yet, estimating the numbers of homeless individuals and families is challenging for most legislative bodies, public agencies, homeless advocates and researchers. There are huge variations in estimated rates of homelessness due to definitions of the related terms, the time frame used in research, the data collection methods and/or the political agenda of the data source (i.e., government officials, advocacy groups or researchers).<sup>4</sup> The federal government defines a person as homeless when he or she:

“lacks a fixed, regular, and adequate nighttime residence; and has a primary nighttime residence that is A) a supervised privately or publicly operated shelter designed to provide temporary living accommodations, B) an institution that provides temporary residence for individuals intended to be institutionalized, or C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.”<sup>5</sup>

“Literal homelessness” is defined by homeless advocates and researchers as: residing in shelters, abandoned buildings or other public places (e.g., squats, under bridge overpasses). Toro et al. (2007) found that about 6.2% of the overall United States population has experienced literal homelessness. Some other recent estimates show that about 12.9% of the U.S. population has experienced lifetime overall homelessness (i.e., literal plus precarious housing, such as being doubled up with family members).<sup>6</sup> These two sets of statistics related to the different definitions of homelessness were similar to Tompsett, Toro, Guzicki, Manrique, & Zatakia’s prevalence study conducted in 2006.

Family homelessness (i.e., at least one adult and one child under the age of 18) is even more difficult to estimate than individual homelessness, mainly because of the precarious housing variable. That is, many families are precariously,

or marginally, housed (and technically homeless), and very transient, which can make their numbers difficult to estimate. In addition, Zlotnick (2010) refers to the concept of “doubling up,” which can make estimating family homelessness difficult as well. Doubling up is when families live in small residences with two or more families, even when the size of the residence is fit for only one family. Doubling up allows families to stay housed, but can result in unstable, overcrowded and perhaps chaotic living conditions. Currently, the best estimate is that approximately 420,000 families, including 920,000 children, experience homelessness in any given year,<sup>7</sup> which is about one third of the total population of people who are homeless.

## Cost of Homelessness

Over the last 10 years, anecdotal concerns about the high public agency system costs incurred by chronically homeless individuals and families has resulted in an increase of empirical studies examining the actual costs of homelessness to taxpayers.<sup>8</sup> Of these studies, methodologies varied between case study samples and larger sample sizes and/or datasets. Most of these studies have examined the costs related to medical hospitalizations, emergency room visits, psychiatric hospitalizations, substance use treatment and prison/jail incarcerations of homeless individuals.<sup>9</sup>

Part of the challenge in identifying costs associated with people who are homeless is obtaining sufficient and accurate data to document those costs. Consumer self-report poses reliability issues, so often researchers have relied on administrative data to measure service utilization and costs. Yet, administrative data comes with its own challenges and limitations, such as limited and restricted accessibility. But when available, administrative data can provide detailed information on mental health hospitalizations or criminal justice charges, as well as jail or prison admission and

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3 Toro, Tompsett, Lombardo, Philippot, Nachtergaele, Galand, et al., 2007

4 Toro et al., 2007

5 U.S. DHHS, 2010

6 Toro et al., 2007

7 Rog and Buckner, 2007, p. 1

8 United Way, 2009; Larimer, Malone, Garner, Atkins, Burlingham, Lonczak, et al., 2009

9 Nogaski, Rynell, Terpstra, and Edwards, 2009

discharge dates. All of this data can be, and has been, used to infer costs. However, every study that has examined homeless administrative data has limitations. For example, a study that includes only Veterans Administration hospitalization data or Medicaid data may miss state psychiatric facility inpatient days, shelter days, jail and prison stays, or uncompensated care provided in public or private hospitals. Therefore, the inclusion or exclusion of particular systems can have significant impacts on the assessment of overall costs.<sup>10</sup>

Average annual costs of service utilization in publicly funded systems for homeless families is \$11,203, which includes: income support, health, social welfare programs, mental health, chemical dependency, pharmacy, child welfare and prison.<sup>11</sup> Spellman, Khadduri, Sokol, and Leopold (2010) found that the average monthly transitional housing costs for homeless families are between \$813 and \$4,482. These costs are much higher than costs for individuals, as families usually have higher daily costs and stay much longer in housing programs. It is important to note that the costs of homelessness have not been significantly studied in relation to services received by the child welfare, or foster care, system. This has been a research area significantly overlooked by both the child welfare and homeless research communities.

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## Homelessness and Child Welfare

There are many ways that homelessness and the child welfare, or foster care, system are linked. First, past research illustrates that there is a strong relationship between adult and young adult homelessness, and having a history of child welfare services. For example, there is a plethora of research examining the prevalence of adolescents who have run from placement and ended up homeless as transitional-aged youth.<sup>12</sup> In recent years, researchers have studied the housing outcomes of youth after aging out of foster care and have found that a high percentage end up homeless or marginally housed within the first few years after leaving foster care at age 18.<sup>13</sup> In addition, a study by Brown and Wilderson (2010) examined the multitude of difficulties former foster care youth face as they emancipate from the foster care system and become young adults. Unfortunately, homelessness and poverty are just some of those difficulties.<sup>14</sup>

Also, many studies illustrate the relationship between being in foster care or group home placements as children and youth, and being homeless later in life as an adult.<sup>15</sup> Research has shown that between 9% and 39% of homeless adults report having been in the foster care system as a child or adolescent. The range of these percentages is due to a few reasons: differences in the geographic area of the sample, as well as the sampling methods, such as type and number of participants used by researchers.

10 Culhane, Parker, Poppe, Gross, Sykes, 2007

11 NCFH, 2007, p. 6

12 Biehal and Wade, 1999; English and English, 1999; Nesmith, 2006; Kashubeck, Pottebaum and Read, 1994

13 Courtney, Dworsky, Lee and Raap, 2010; Dworsky and Courtney, 2009

14 Courtney et al., 2007; Courtney, Dworsky, Lee and Raap, 2010

15 Park, Metraux, and Culhane, 2005; Piliavin, Matsueda, Sosin, and Westerfelt, 1990; Bassuk, Buckner, Weinreb, Browne, Bassuk, Dawson, et al., 1997

## Homeless Families and Child Welfare

Poverty is a well-documented risk factor for family involvement with child protective services and other elements of the child welfare system.<sup>16</sup> The prevalence of child abuse and neglect among poor and low-income families in this country is well documented in the literature. In fact, socioeconomic status is one of the most important variables in determining whether a complaint of child abuse is investigated, substantiated and if a child is removed from the home.<sup>17</sup> Living in poverty has been held as the “single best predictor” of child abuse and neglect; children who live in families with an annual income of less than \$15,000 are 22 times more likely to be abused or neglected than children who reside with families where the annual income exceeds \$30,000.<sup>18</sup>

Yet, living in poverty is not considered abusive or neglectful in many states. In California, the Welfare and Institutions Code section 300, subdivision (b), clearly describes the basis upon which a child, who is alleged to be neglected, or abused, can be declared a ward of the court. This code explicitly excludes children who are homeless with their families from its jurisdiction unless there is another basis to find the child at risk of substantial harm. The California Legislature explicitly omitted homeless children from the jurisdiction of the juvenile court for the sole reason of homelessness — “[n]o child shall be found to be a person described by this subdivision solely due to the lack of an emergency shelter for the family.”<sup>19</sup>

In spite of the Welfare and Institutions Code described above, in the last two decades there has been increased research examining the strong relationship between family homelessness and involvement in the child welfare system.<sup>20</sup> Zlotnick (2010) found that childhood foster care is 34 times higher for families experiencing homelessness than the general population of the same aged children (p. 6). In addition, homeless adults have an extremely high prevalence rate of using substances and having mental health issues,<sup>21</sup> which may contribute to the increasing number of children entering the foster care system.<sup>22</sup>

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Zlotnick, Kronstadt, and Klee (1998) examined the housing situation of birth parents of a sample of 195 foster care youth. The researchers found that 48.7% of the parents of foster care youth (ages 0-19) had a history of homelessness.<sup>23</sup>

And, when compared with foster care children whose parents had no history of homelessness, children with homeless parents were less likely to be placed with relatives, less likely to need services for a developmental delay and were more likely to have siblings in foster care (p. 1369).

Another study of 179 homeless women found that 61.5% had children who had a history of being in foster care or other out-of-home placements, such as probationary group home placements.<sup>24</sup> There were a number of variables associated with homeless mothers’ children being placed in out-of-home placements: child was school-age, mother was 35 years old or older, mother had a current substance abuse disorder, mother experienced childhood sexual abuse, and mother ran away from home under the age of 18 (p. 1057). And, at the time of being surveyed, 15% of the respondents (n=151) currently had a child in foster care or some other out-of-home placements.<sup>25</sup> Interestingly, findings from this study did not support the hypothesis that homeless mothers

16 Courtney, Zinn et al., 2004, p. 394

17 Lindsey, 1991

18 CDF, 2005

19 W&IC 300, subd. b

20 Culhane, Webb, Grim, Metraux, and Culhane, 2003; Zlotnick, Kronstadt, and Klee, 1998; Zlotnick, Robertson, and Wright, 1999

21 Fischer and Breakey, 1991; Lehman & Cordray, 1993; Robertson, Zlotnick, & Westerfelt, 1997

22 Select Committee on Children Youth & Families, 1989; Zlotnick et al., 1998

23 Zlotnick et al., 1998

24 Zlotnick, Robertson, and Wright 1999

25 Zlotnick et al. 1999



who experienced childhood foster care or other out-of-home placement themselves as children were more likely to have their children in foster care or other out-of-home placement (p. 1064).

Culhane, Webb, Grim, Metraux, and Culhane (2003) explored the risk of being involved in the child welfare system among homeless and low-income mothers. The researchers examined the housing status of a cohort of women who gave birth within a one-year period from 1993 to 1994 in Philadelphia. Birth, housing and child welfare records were taken to analyze the risk to the women's involvement in child welfare services across three groups: (1) those who had made requests to stay in public homeless shelters since the child's birth (n=2703), (2) those with no shelter requests but whose addresses indicated residence in low-income areas (n=4342), and (3) a reference group of those who met neither of the first two criteria (n=16182).

Culhane et al. (2003) found that women who requested residence in public homeless shelters had a 6.89 times greater risk of involvement with the child welfare system than did those in the reference group. Thirty-nine percent of the ever-homeless cohort was involved in the child welfare system by the time their children were 5 years old. Those women who were low-income, but not currently homeless, had only a 1.52 times greater risk for system involvement. Only 9.2% of the low-income cohort had involvement in child welfare services by the time their children were 5.<sup>26</sup> With respect to placement of one or more children in out-of-home care, the risk for women who accessed homeless shelters rose to 8.82 times that of reference group women, whereas low-income, never-homeless women had only a 1.59 times greater risk of having a child placed.<sup>27</sup> Sixty-two percent of the ever-homeless women had their children placed in foster care, compared with 39% of both the low-income and reference group cohorts.

## Homeless Families and Foster Care Re-entry

Over the last 15 years, there has been increased interest in examining the rates and reasons of re-entry among foster care children and youth who were reunified with their families, because early studies illustrated that a large proportion of the children who return home eventually re-enter foster care. Kimberlin, Anthony, & Austin (2008) believe an understanding of successful reunification is not complete without accounting for the safety and stability of a child upon his or her return home: subsequent re-entries into care may be an indication of insufficient support for families. Overall, re-entry rates for individual states range from 21% to 38%.<sup>28</sup>

Researchers have been examining the reasons for re-entry for decades. Courtney (1995) found that children from families living in poverty who were eligible for AFDC (income support) were more likely to re-enter foster care than children not on AFDC. In another study, the age of a child was the factor; children ages 6 to 15 whose caregivers had at least two major problems were the most likely to re-enter foster care.<sup>29</sup>

However, some research has shown that the relationship between particular family problems and the likelihood of re-entry is not always clear. Festinger (1996) found that caregivers whose children re-entered foster care tended to have more personal problems at the time of discharge from care. The caregivers often had limited parenting skills and little social support. Yet, in the same study, homelessness during the year prior to discharge or densely populated housing situations had no effect on re-entry.<sup>30</sup>

Hess, Folaron, and Jefferson (1992) cited the non-resolution of parents' problems (specifically, those that precipitated a child's initial placement) as the major reason for a child's re-entry to foster care. They also found that re-entry was related to major inadequacies in service delivery and restricted agency resources. Reunifying families, many

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26 Culhane et al., 2003

27 Culhane et al., 2003

28 Wulczyn, Hislop & Goerge, 2000

29 Festinger and Botsko, 1994

30 Festinger, 1996

of who were experiencing numerous and severe difficulties (e.g., poverty and mental health diagnoses), found it difficult to adapt to reunification and were given insufficient preparation for the process.<sup>31</sup>

Similarly, Festinger (1994) found that caregivers of re-entrants tended to have slightly more unmet service needs during the six months prior to discharge, with two areas of need standing out: parenting training and homemaker services. Clearly, these families are struggling and may need intensive case management support after reunification with parent education and services such as cooking, budgeting, cleaning, etc. Festinger (1994) found that parents of children who re-entered care had less social support, as well as less organizational participation.

Berrick et al. (1998) found that approximately 28% of infants and toddlers who exit California's non-relative family foster care system re-enter care within three years (19% of children in kinship care ages birth to 2 re-enter). Park et al. (2004) examined future homeless episodes after child welfare and shelter service involvement. That is, the researchers found that children who received child welfare services after entering a homeless shelter were more likely than those without child welfare involvement to experience recurrent shelter admissions (40% vs. 24%) (p. 429). This outcome makes sense given that families who experience child welfare involvement may be struggling with other issues such as poverty, mental health, substance use, precarious housing, etc.<sup>32</sup>

Although there has been significant and seminal research on re-entry rates of foster youth, there has been little to no research examining the best practices preventing re-entry into foster care. Specifically, there have been no studies exploring the child welfare re-entry outcomes after a housing intervention for homeless families and their children. Thus, it is important to examine the current best practices of transitional housing programs for homeless families.

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## Best Practices with Homeless Families

For the last two decades, supportive housing programs for homeless adults and their families have been a primary social work intervention. Supportive housing programs across the country vary in terms of their structure, intensity of supportive services, length of time of housing, eligibility requirements and the needs of the populations served. In addition, supportive housing program models can be project-based (in a single building or complex of buildings) or tenant-based (scattered-site).<sup>33</sup>

Unfortunately, current knowledge about the services and supports needed to help families exit homelessness and maintain stable housing is incomplete.<sup>34</sup> In the field of homelessness research, there has been little information about the models of best practice.<sup>35</sup> To date, there is a dearth of research documenting the most effective models of service delivery, the most effective interventions, and the recommended intensity and duration of such services (p. 31). For example, the typical 24-month time limit on residing in transitional housing may be artificial and could force homeless families out of transitional housing programs before they are ready.<sup>36</sup>

31 Kimberlin et al., 2008

32 CASA, 2005; Nicholson et al., 2001

33 Burt, 2006, p. 3

34 Oliver et al., 2010, p. 30

35 Bodoin et al., 2008; Minnesota Study, 2009

36 Hart-Shegos, 1999

The research directly focused on housing interventions for homeless families has been largely limited to descriptive evaluations.<sup>37</sup> In fact, there have been no studies to date that compare the effectiveness of different types of supportive housing approaches — transitional housing, permanent supportive housing or permanent housing — for homeless families (p. 16). Currently there is no standard model for supportive housing services for homeless families<sup>38</sup> and there have been no studies examining the type of housing and service mix best suited to families with different needs.<sup>39</sup>

Farrell, Britner, Guzzardo, Goodrich (2009) are some of the few researchers who have examined the outcomes of a supportive housing program in Connecticut for homeless families, some of which were involved in the child welfare system. The researchers examined demographic and outcome data on 1,720 parents and 3,779 children over a 10-year period between 1999 and 2008. Nearly 30% had children who were placed in the foster care system (including county child welfare kin placements). Clients who completed the supportive housing program successfully had longer stays, were more likely to have a history of permanent housing and employment, and had higher initial and exit scores on a measure of environment

of care. Higher client-to-staff involvement and service utilization were associated significantly with positive discharge, but not with procurement of permanent housing.

In an examination of permanent, supportive housing programs,<sup>40</sup> residents were asked to identify which program characteristics were responsible for their success. Successful programs helped facilitate communication between property management and residents, and offered supports and activities that reflected residents' input and interests.

Burt (2010) conducted a seminal outcome study for the U.S. Department of Housing and Urban Development examining 176 families being served in 36 transitional housing programs in five different communities across the country. Transitional living programs offered case management, setting goals, health care support and life skills training. Eighty-six percent of the families moved directly from transitional living to their own stable housing. A few years earlier, Burt (2006) examined 53 supportive

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37 Rog and Buckner, 2007, p. 14

38 Burt, 2006

39 Rog and Buckner, 2007, p. 16

40 Nolan, ten Broeke, Magee, & Burt, 2005





housing program initiatives for homeless families that operated under a variety of housing configurations, including single site (centralized facilities), scattered-site (tenant- or community-based) and clustered-scattered (multiple units in a neighborhood or community). Programs offered varying degrees of client support, yet nearly all included case management. Most accepted families with serious problems (e.g., substance abuse, mental illness) with the condition that there was no active substance abuse and that there was a demonstrated interest in supportive services, essentially requiring clients to demonstrate motivation to change. Programs generally defined “successful exit” as movement into stable housing with a reliable income source. Successful clients (about 75%) had an average length of stay of about 13 months, yet unsuccessful clients (25%) had an average stay of six months or less. The most common reasons for unsuccessful exit were noncompliance with rules (e.g., substance abuse, threat of violence) and/or disinterest in supports available. Unfortunately, these programs did not specifically target the child welfare population, and child welfare involvement was not reported.

Rog and Buckner (2007) note that the majority of the evaluations of supportive housing program interventions all note improvements in housing stability, and often improvements in other outcomes (e.g., income, child school attendance) for the families they serve (p. 17). Similarly, the Sound Families Model examined the best practices of supportive housing programs serving 203 homeless families.<sup>41</sup> Approximately 75% of the families graduated from their supportive housing program and 68% moved into permanent housing.<sup>42</sup>

CMHS and CSAT Homeless Families Program<sup>43</sup> found that intensive case management, multi-dimensional family assistance, multiple services, comprehensive family health practice, family therapeutic community, trauma recovery and aftercare components are all helpful with homeless families. The following is a comprehensive list of best practices from the few studies and monographs examining best practices for transitional housing program services for homeless families.<sup>44</sup>

**Table 1. Best Practices of Serving Homeless Families in Supportive Housing Programs**

1. Housing complex of an adequate size to allow appropriate units to be available when needed, and a location that residents desire to remain in, close to public transportation
2. Adequate screening and holistic assessment of families at intake to ensure that available services match families' needs
3. Sobriety requirements; early recognition of active substance abuse and resources
4. Experienced case managers, and clear and consistent protocols when families fail to follow case management plans or the program rules (environment of mutual accountability); caseload size of 12-14 families per full-time case manager
5. Support for clients with healing from trauma/domestic violence
6. Focus on the needs of the whole family unit, not just the adults
7. Self-help model (client governance of program); support for self-advocacy with landlords, neighbors, and criminal justice and school systems
8. Organized informal social events for residents; activities that foster a sense of community at the housing site, particularly among residents
9. Adequate children's activities and services, including play groups, child care during groups, therapeutic care for children, and adequate interior and exterior play spaces for children
10. Tenant and financial literacy training, including the rights and responsibilities of tenancy
11. Support for families after exit from transitional housing, including the actual moving process and settling into a new neighborhood
12. Flexibility with two-year time limit of HUD-funded transitional living programs
13. Smooth partnerships among the housing provider, service providers, property manager and local housing authority; links to housing and income subsidies after transitioning out of transitional housing program services

41 Bodoyni, Orlando, and Yancey, 2008

42 Bodoyni et al., 2008

43 Rog and Westat, 2007

44 Minnesota Study, 2009; Rog and Buckner, 2007



# Study Methodology

## Setting and Services

The sample for this study was gathered from Cottage Housing Incorporated, an agency that serves homeless families in Sacramento, California. The city, California's state capital, has both rural and urban areas, and the population is 407,018.<sup>45</sup> The city has an overall poverty rate of approximately 15.3% and 18% for families with children under the age of 18.<sup>46</sup> The Sacramento County Department of Human Assistance conducted a point-in-time measure of homelessness on April 22, 2011, and found a 15.8% decrease in overall homelessness over 2009.<sup>47</sup> The approximate number of people who were homeless, or accessing homeless shelter services, on that night was 2,358.<sup>48</sup>

About 25.6% (n=607) of the homeless population (either on the streets or accessing shelter services) in Sacramento is families with at least one adult and one child under the age of 18.<sup>49</sup> These families were residing in emergency shelter and transitional living when the count was conducted.

Although overall homelessness has decreased in Sacramento in the last three years, in recent years family homelessness in Sacramento has been increasing. Between 2008 and 2009, the City of Sacramento reported a 14% increase in family homelessness,<sup>50</sup> and between 2009 and 2011, there was an 11.2% increase.<sup>51</sup>

Cottage Housing Incorporated's housing program, Serna Village, serves homeless adults and their children with supportive housing services in a residential program and comprehensive case management services. Serna Village has

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83 one- to four-bedroom unfurnished units in an apartment complex. The apartment buildings of Serna Village are owned and managed by Mercy Housing (another nonprofit that is separate from Cottage Housing Incorporated). The waitlist for Serna Village applicants is six to 12 months, depending on the year and time of year.

Clients can live in Serna Village for long-term supportive and permanent housing. However, unlike other HUD-funded transitional living programs, there is no limit to how long residents can stay. In May 2010, Cottage Housing Incorporated examined the average length of stay for all Serna Village residents, which was 23 months (standard deviation was 13.5 months). Similarly, Cottage Housing Incorporated found that for residents living in Serna Village in 2009, the average length of stay was 25 months. However, the majority of families live in Serna Village well beyond two years and there are no families that have stayed for more than five years. There are two

45 Census, 2009

46 Census, 2009

47 Schatz, Alonso and Gale, 2011

48 Schatz et al, 2011

49 Schatz, Alonso and Gale, 2011

50 Abt Associates, 2009

51 Schatz et al., 2011

“Coming to Serna Village is one of the best things that I could have done for my family. We have learned a different way of life that involves reaching out and getting a helping hand in return. My children and I have gotten closer and have overall improved our quality of life. I am very grateful for the opportunity to learn about myself and the disease that had pretty much taken over my life. Through these partnerships I am confident I will be a success and the mother that my children Eric 8, Ronnie 3, and baby Micaela deserve.”  
-Jasmine

types of units at Serna Village: 40 Housing Choice Vouchers, which are Section 8 funded (residents can take their Section 8 voucher with them even after leaving Serna Village), and 40 units are funded by CalWorks.

All Serna Village adult residents have one or more children under the age of 18. Approximately 80% of the adult clients have some sort of disability, such as substance use.<sup>52</sup> However, before being accepted into Serna Village and moving in, clients need to be six months free from use of any substances (e.g., drugs or alcohol). In addition, a large percentage of families at Serna Village have histories of domestic violence, mental health issues and physical disability.

After residents move into their units, they get assigned a case manager, or personal development coach, who conducts the intake paperwork and helps residents set their short- and long-term goals. Personal development coaches meet with residents on their caseloads once per week in a cluster, or group, setting to talk about goals, as well as one time per month one-on-one to talk about individual progress. There are usually 16 families per personal development coach at Serna Village.<sup>53</sup> All group and individual meetings are held at Serna Village.

The program offers residents such real-world conditions as working full time, assuming personal responsibility for themselves and their community, and paying rent. Residents pay 30% of their income toward “rent.” Some units in Serna Village are tax credits (30% to 45% of income). Residents pay all of their own utility costs, including cable television.

There are no strict education or employment program requirements for Serna Village residents; they do not have to work. Yet, in June 2010, 46 of 94 adults were going to school (50%), 13 of 94 adults were seeking Supplemental Security Income (SSI), and 14% were receiving SSI.<sup>54</sup> Also, there are required community service hours for residents; all adult residents need to complete eight hours on site and eight hours off site of community service per month (in the winter, community service hours decrease to four and four).

There are a variety of groups offered on site and they can be facilitated by residents, staff and community professionals. Topics include: acupuncture, yoga, mental health support, parenting, Alcoholics Anonymous/Narcotics Anonymous groups, independent living skills (known as ‘Living Life Fully Groups’), job/resume workshops, computer literacy and groups from Sacramento Work Career Centers. There are child care co-op hours available, so participants can help watch each other’s children while they are participating in groups.

Serna Village has a Resident Council, where some program decisions are made for the community. The Resident Council meets every week and Serna Village residents vote for representatives. The Resident Council holds fundraising events, which helps to pay for Serna Village events, as well

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<sup>52</sup> Littlewolf, 2010

<sup>53</sup> Littlewolf, 2010

<sup>54</sup> Littlewolf, 2010

“All I wanted was to stay clean. Little did I know that what I was about to receive was so much more. I was addicted to meth my whole adult life. But my life changed when I moved into Serna Village. A place where me and my children (Matthew 15, Sarah 12) could learn, grow, and heal. As soon as I got here I became President of Resident Council, my kids dove right into leadership. We finally found a place in the world that would teach us how to live life. Since I’ve been here I’ve learned how to be a mother, a friend, a neighbor and a member of society. I am a fulltime student getting my degree in human services, so I can let people know who were like me, that there is a better way to live. You just need the tools and Serna Village provides all those tools.”

-Julie

as loans and gifts to community members. The Resident Council provides a positive, real-world learning environment for residents to grow and be productive members of society. Cottage Housing Incorporated also makes an effort to hire past graduates. In fact, the current Serna Village program manager is an alumna of Serna Village from 2005.

The apartments at Serna Village have two outdoor playgrounds for the children, and there are approximately 160 children at any one time in residence. There are also activities for children including: the Skylab Youth Development Studio, youth coaches, youth groups, entrepreneur club, outdoor adventures, outings, van for outings, family connections and teen field trips to the San Francisco Bay Area. Serna Village is located near public transportation, even though many participants have cars.

For the Serna Village families that are involved in the child welfare system (approximately 71%, n=207), program case plans will often involve a Sacramento County child protective services worker. Many times the county child welfare agency requires stable housing before family reunification can happen, especially with homeless parents.

When residents are ready to leave Serna Village, they complete an exit plan process with their personal development coach. They complete a budget and focus on the short- and long-term goals and objectives related to moving out. There is no formal aftercare, although graduates are welcome to come back. Sometimes people return because of the strong sense of community among the residents. Serna Village has a program model and facility that adheres to all of the best-practice guidelines listed in Table 1.

The following section describes the research questions of this study.

## Research Questions

The dynamics between the child welfare system and homeless are still largely unexplored.<sup>55</sup> However, seminal researchers examining the relationship between foster care and homelessness believe that a better job must be done in supporting and strengthening families (particularly those in crisis) in order to keep children out of the foster care system.<sup>56</sup> This study uses a cohort, cross-sectional design and quantitative methods to explore the following research questions:

- What percentage of Cottage Housing Incorporated (CHI) supportive housing participants had a history of county child welfare/foster care involvement?
- What is the rate of foster care recidivism of CHI families after exiting services?
- What were the overall costs of county foster care utilization by CHI supportive housing participants before CHI housing placement and after exit from CHI housing (with re-entry)?

## Sample

The purposive sample used for this study was children who had resided in Cottage Housing Incorporated's Serna Village supportive housing program with one or more of their parents sometime between 2002 and 2009. All children and youth who lived in Serna Village were included in this study. The data were based on administrative data taken from the Cottage Housing Incorporated database by the agency, as well as client child welfare data retrieved by Sacramento County Department of Health and Human Services' Child Welfare Services/Case Management System. Variables included client age, length of time in program (in months), graduation (yes/no), history of foster care (pre- and post-CHI housing), and length of time in foster care (in months).

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<sup>55</sup> Park, Metraux, Brodhan and Culhane, 2004, p. 424

<sup>56</sup> Roman and Wolfe, 1995, p. 4

## Study Results

The sample was a total of 293 children and youth from approximately 150 families who lived with one or more parents in Cottage Housing Incorporated's Serna Village between 2002 and 2009, the first seven years of the program. The mean age of the children and youth in this sample is 9 years, with the youngest being 9 months and the oldest 18 years (see Table 2). The age of the children in the sample was taken at the time they exited Serna Village. The sample included all children in the program, including siblings, because not every child in each family had the same time spent in foster care, and some had different types of placements (e.g., foster home, family maintenance and/or group home placement).

Unlike other transitional housing programs that have two-year maximum time periods (as many are funded by federal Housing and Urban Development grants), Cottage Housing Incorporated allows all families living in Serna Village to stay as long as they need to stay.<sup>57</sup> The average length of time this sample of children resided in Serna Village was 23 months (the range was between four and 64 months and the standard deviation was 13.5 months).

Lastly, the graduation rate for Serna Village is impressive. Approximately 71% of the children came from families who graduated from the program. Graduation is defined by Cottage Housing Incorporated as: 1) exiting the program with sobriety intact, 2) obtaining secure and stable housing (either independent housing or a more appropriate treatment center, and 3) having income stability due to income from employment, CalWORKS or Supplemental Security Income due to a disability.<sup>58</sup>

There were no significant differences in the sample when examining youth's age at exit and whether their families had graduated or not. The 71% graduation rate of Serna Village is the same as the Farrell, Britner, Guzzardo, & Goodrich (2009) study, which found that 71% of the homeless family sample (n=1720) moved out of the supportive housing program into permanent housing.

**Table 2. Sample Description (n=293)**

<b>Age at exit from CHI (n=293)</b> Mean age of children in program (age at exit from CHI)	9.15 years (4.97 standard deviation)
<b>Length of time in CHI housing</b> Mean (standard deviation)	23 months (13.50 standard deviation)
<b>Graduation rate (2002-2009, n=293)</b> Number of children in families that graduated	
Yes	208 (71%)
No	85 (29%)

Seventy-one percent of the sample had a history of foster or group home care before entering services with Cottage Housing Incorporated and residing in Serna Village (see Table 3). This rate is high even when comparing it with other studies examining the rates of foster care in the homeless population; most of these studies have rates between 15% and 50%.<sup>59</sup> The rate of child welfare involvement among this sample of homeless children

<sup>57</sup> CHI, 2010

<sup>58</sup> CHI, 2010

<sup>59</sup> Bassuk & Weinreb, 1997; Culhane et al., 2003; Jones, 1998; Park et al., 2004; Zlotnick, Kronstadt & Klee, 1998

“Williesha was in the 8th grade and we were homeless when I came from Los Angeles. Today, she is in high school, I have paid my rent, bills, and reunited with my oldest girls, and grandchildren – a new way of life. Serna Village is an asset to our life. Staff is truly great. No longer powerless and unmanageable, my daughter Williesha is in Air Force Junior ROTC. She is delighted to be reunited with her older siblings. Life today, is one day at a time. Thanking God for all!

-Rosie



is much higher than when compared to low-income families and the general population.

As aforementioned, there has been a dearth of research examining best practices of serving homeless families, especially with regard to the impact on the involvement of public systems. In fact, this is the only study to date that examines the child welfare involvement outcomes after an intervention of a transitional living program for homeless families. Table 3 shows that of the 207 children who were involved in the child welfare system before living at Serna Village, only 10% (n=21) experienced re-entry two to five years after leaving care the first time (of parents who graduated from Serna Village). The difference between pre- and post-Serna Village child welfare involvement is statistically significant.

**Table 3. Foster Care History Pre- and Post-Transitional Housing Services**

<b>Pre-Transitional Housing Program (THP) history of foster care (n=293)*</b>	
Yes	71% (207)
No	29% (86)
<b>Post-THP re-entry into foster care (with Pre-THP foster care history) (n=207)*</b>	
Yes (graduated THP)	10% (21)
Yes (did not graduate THP)	12% (25)
No	78% (161)

\* p<.05

Terling (1999) conducted a qualitative analysis of child welfare case files and found that lack of social support was a significant predictor of re-entry. The study was conducted with a case record review, and child welfare cases where isolation was noted as a concern in the case files were more likely to experience re-entry (p. 1367). This transitional housing program outcome shows that by offering social support from personal development coaches, group case management meetings and a self-help model, Serna Village parents may have felt less isolated than if they were living in marginalized housing or in a homeless shelter for families. Also, because the families in this study were homeless, one could hypothesize that lack of income could be a significant predictor of re-entry. In fact, there have been only a few studies that have illustrated that income is not a significant predictor of re-entry.

Results in Table 4 show that before the children and youth in the sample of this study resided in Serna Village and received services, the median time they spent in foster care was longer than that of the general population of Sacramento County foster care youth.<sup>60</sup> The Serna Village sample spent a median of 13 months in foster care, while the general population of foster care youth in Sacramento County spent a median of 9.7 months in foster care. These median length of time measurements were taken from administrative data (from Child Welfare Services/Case Management System) of all youth in each population. When comparing the mean length

60 Needell et al. 2011



of time of being in foster care before transitional housing and after (re-entry), the two-sample t-test results illustrated that the mean re-entry length of time was shorter than the mean initial entry before transitional housing program services.

**Table 4. Median Total Time in Foster Care**

<b>Median total time in care at first entry</b> Sacramento County (2001-2007) (n=991) Transitional Housing Program (THP) youth (pre-exit) (n=207)	9.7 months 13 months (mean 16.22)*
<b>Median total time in care at re-entry</b> Sacramento County (2001-2007) THP youth (2002-2009, post exit) (n=21, graduated)	15.36 months 9.50 months (mean 13.4)*

\* p<.05

When comparing the median length of time in foster care at first entry and at re-entry of the general population of Sacramento County youth and the youth in this study's sample, there are some interesting outcomes. First, youth from the general population of foster care from Sacramento County spent 1.58 times longer in care when they re-entered than during their initial entry into foster care. In contrast, the youth from Serna Village saw a decrease in median length of time in foster care when comparing first entry to re-entry. That is, they saw a decrease in the rate of .73. The outcomes from the Serna Village sample of youth are opposite of what some researchers claim: that a shorter initial duration in foster care (e.g., less than three or six months in foster care) appears

*Youth from the general population of foster care from Sacramento County spent 1.58 times longer in care when they re-entered than during their initial entry into foster care. In contrast, the youth from Serna Village saw a decrease in median length of time in foster care when comparing first entry to re-entry.*

more likely to be followed by re-entry into foster care.<sup>61</sup>

Foster care costs then were analyzed by examining family maintenance services and out-of-home placement costs. Family maintenance services (i.e., the case is open with child protective services and case management services provided to the family while the child is still living with his/her parents) in Sacramento County were estimated at \$162 per month.<sup>62</sup> Foster family costs were estimated to be \$1,140 per month (an average of county foster care placement costs and Foster Family Agency costs) and group home placement costs were estimated at \$5,100 per month.<sup>63</sup> See Table 5 for the child welfare costs pre- and post-Serna Village.

**Table 5. Cost of Foster Care Services and Placements for Supportive Housing Program Clients**

<b>Family Maintenance Costs</b> Pre-Supportive Housing Program (SHP) Post-SHP – graduated	\$388,152 \$14,742
<b>FF/FFA/NREFM/GH Costs</b> Pre-SHP Post-SHP – graduated	\$925,110 \$280,890

**FF/FFA/NREFM/GH:** foster family/foster family agency/non-relative extended family member/group home  
p<.05

Total foster care, or child welfare, costs of pre- and post-transitional housing services then were analyzed. Table 6 displays the total child welfare costs for all families involved in the system before they entered supportive housing at Serna Village (\$1.31 million), as well as the total child welfare costs after they graduated, and exited, from Serna Village and re-entered foster care (\$295,632). Given that the median and mean length of time of re-entry into foster care has been shown to be longer than first entry into foster care,<sup>64</sup> it can be hypothesized that a supportive housing program, like Serna Village, actually saves future county

61 Barth, Weigensberg, Fisher, Fetrow and Green, 2008, p. 354

62 LAO, 2005

63 LAO, 2005

64 Barth, Weigensberg, Fisher, Fetrow and Green, 2008

child welfare agencies’ costs. Costs of foster care placements and services were estimated for Sacramento County only, because this is the county where the sample was drawn from.<sup>65</sup> As aforementioned, the mean length of time this sample remained in foster care at first entry was 16.22 months, while at re-entry it was 13.4 months.

Table 6. Total Costs of Foster Care Services and Placements for Supportive Housing Program Clients	
Cost before Supportive Housing Program (SHP) services (first entry) (n=207) (mean months in care 16.22)	\$1,313,262
Cost after SHP services (at re-entry) (n=21, graduated) (mean months in care 13.4)	\$295,632
Savings (2.5 to 5 years later)	\$1,017,630

Clearly, the best-practices model of Cottage Housing Incorporated’s Serna Village has created some significant outcomes in the area of foster care involvement, and costs related to that involvement. The rates of child welfare re-entry are the lowest among the families that graduated from Serna Village between 2002 and 2009, even when comparing those rates to the other populations studied by researchers. Transitional housing programs serving homeless families, following the best practices in Table 1, can have a positive effect on the children they serve, can lower the caseload of county child welfare agencies, and can therefore save costs by offering successful preventive services.

Transitional *housing programs serving homeless families following the best practices can have a positive effect on the children they serve, can lower the caseload of county child welfare agencies, and can therefore save costs by offering successful preventive services.*

## Discussion

Research has shown that homeless families struggle with many different challenges, including poverty, substance use, mental health issues, and involvement in the justice and child welfare systems. Families in the child welfare system — like all impoverished families — have limited resources for housing and other basic needs.<sup>66</sup> In the absence of an adequate supply of affordable, quality housing units, child welfare agencies find themselves in the unenviable position of separating families to protect children from the debilitating effects of homelessness.<sup>67</sup> Being homeless or marginally housed also can place parents involved in the child welfare system at an extraordinary disadvantage when trying to reunify with their children. Successful supportive housing programs may offer these parents and their families the opportunity of stable housing, while paying minimal or no rent, to save money and to develop daily living and employment skills. Unfortunately, supportive housing programs for homeless families often operate with knowledge of their outcomes.

The findings from this study indicate that comprehensive supportive housing programs following a best-practice model can provide homeless parents and their children with stable living for a significant period of time. Supportive housing programs also may give homeless parents an opportunity to find and maintain employment, work on their education, save a substantial amount of money for move-out costs, learn daily living skills, experience a “mock” real-world living situation, and can possibly prevent re-entry into the child welfare system.

Findings from this study indicate that the children and youth who resided in the transitional housing program for homeless families, Serna Village, re-entered the child welfare system at lower rates than the general population of youth, low-income youth and other homeless youth (even two to five years after leaving foster care). This type of exploratory study is particularly relevant as it provides important information about effective practice methods with this population.

This study also begins to examine an under-researched area of

65 LAO, 2005  
66 Harburger and White, 2004, p. 496  
67 Harburger and White, 2004, p. 494

homeless services for families — cost savings from re-entry to the child welfare system. Harburger et al. (2004) examined the overall national costs to place children from homeless families in foster care due to neglect and marginalized housing. They estimated that as of 2000 Census data, it costs approximately \$2.76 billion per year to house homeless children in foster care and only \$810 million to subsidize the children and their parents in supportive (or transitional) housing programs like Serna Village. The researchers believe that the costs to maintain children and their families in supportive housing programs is 70% less than the costs to house these children in foster care placements. Although these are national savings, each state stands to save a considerable amount of money by funding transitional, or supportive, housing programs.<sup>68</sup>

Harburger et al. (2004) estimate that in California, transitional housing programs (including vouchers, Section 8, etc.) cost the state \$228 million, while foster care costs are almost \$442 million. This is a potential cost savings of \$214 million. Clearly, the benefits of collaboration and cooperation between child welfare agencies and housing agencies, like those of Cottage Housing Incorporated in Sacramento, outweigh the costs.<sup>69</sup>

This study must be examined within the context of its limitations. First, this non-random sample affects the degree to which these results can be generalized. Second, the reason youth were placed in foster care initially and at re-entry is not known, as is their number of placements and their age at discharge. Third, it is unknown if they re-entered foster care more than one time before accessing services at Serna

Village. Fourth, it is important to note that other factors may have been related to whether youth re-entered foster care (i.e., parental substance use recovery or mental health intervention). Lastly, it is unknown when each youth was discharged from foster care before entering Serna Village.

This study expands on current research literature on parental homelessness and foster care involvement in a number of different ways. First, the examination of outcomes longitudinally (over two to five years after children and youth exited the supportive housing program) offers a perspective rarely offered of homeless families and their involvement in the child welfare system. The examination of specific costs of foster care placement pre- and post-intervention adds significantly to the current research about future public agency cost savings with the homeless population. Lastly, the comparison of pre- and post-child welfare involvement provides valuable information about the effectiveness and best practices of transitional housing programs such as Serna Village, in areas such as graduation rates, child welfare involvement and model of services.

From a policy perspective, state and county child welfare agencies are now focusing much more on policy and interventions to prevent re-entry into the child welfare system (i.e., differential response, wraparound services, etc.). Given the relationship between a history of foster care and family homelessness,<sup>70</sup> it is imperative that counties and states examine their current levels of service,

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68 Harburger et al., 2004, p. 502

69 Harburger et al., 2004

70 Bassuk et al., 1997; Culhane et al.; Jones, 1998; Park et al., 2004; Zlotnick, Kronstadt & Klee, 1998

“ I had never been on my own before and really had no idea what to do or where to begin. When I left Janey, she was a little girl and bam, I came back, and she was almost a young lady. I could not relate to her on any level and she had learned some unacceptable behaviors while with my mom. There is a lot of support here. It's really hard to relax and try to get your thoughts straight when you are afraid all the time like I was before I lived here. We feel safe here. Janey and I get counseling through the Homerun program which helps us learn how to become a family again, not just with each other but also with my two sons, Erich and Matthew. Janey is an A student in high school. We are now able to talk and laugh with each other even though we don't always see eye to eye on everything. ”

*-Marlena*



intervention contracts and budgets. Local child welfare funds could be utilized to contract out to support programs that offer the continuum of services required by homeless and marginally housed families involved in the child welfare system. Child welfare agencies must not do the job of both housing and child welfare; it would be fiscally irresponsible to ignore the potential savings presented by a partnership between housing and child welfare agencies.

It is evident that transitional living programs, like Cottage Housing Incorporated's Serna Village, can provide successful interventions when implementing a model based on best practices. This program clearly addresses the need for comprehensive case management, employment and education preparation, sobriety and supervised practice living,<sup>71</sup> as each of these components is necessary for homeless families to make the transition to independence successfully and permanently.

It is essential, however, that more research be done in the

area of program outcomes for this and other innovative approaches. Longitudinal studies can observe homeless and marginally housed parents, beginning while their children are still in care, and throughout the time they live in transitional housing programs and after exiting such programs. In addition, parents' presenting problems, functioning levels and daily living skill abilities should be more thoroughly examined to assess the most effective way to intervene and teach these parents. Lastly, outcome comparisons can be made with another homeless group of parents involved in the foster care system, who participated in another supportive housing program. Studies should continue to investigate how best to develop, implement and improve the quality of existing programs in an attempt to reach all eligible families with the most comprehensive service package possible.

Families involved in the child welfare system who are homeless, marginally housed or living in poverty can benefit greatly from a comprehensive supportive housing program,

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71 Buehler et al., 1999



like Serna Village, offering case management services. This study illustrates that the children and youth in such families re-enter the foster care system at much lower rates, and for much less time. By having a safe, stable and supportive living environment, parents can receive the support they need to end the abuse and/or neglect that resulted in them being involved in the foster care system initially. Yet, given that the rates of homeless families being involved in the foster care system are much higher than that of the general population, it is clear that these services are greatly needed. Supportive housing programs with comprehensive models can provide the safety, resources and support necessary for these vulnerable parents to practice independent living and develop the skills to navigate a life of independence.

### Policy Recommendations

- County child welfare agencies should contract wraparound services to providers such as Cottage Housing Incorporated to offer housing, mental health and case management support, which can decrease county child welfare recidivism rates and expensive out-of-home placement costs.
- Second, Sacramento County should obtain Family Unification Program funding available through the U.S. Department of Housing and Urban Development. Application for Family Unification Program vouchers requires a signed memorandum of understanding between the local public housing agency and the child welfare agency. The public housing agency administers the vouchers and the child welfare agency provides supportive services to child welfare-involved families and youth. Housing Choice Vouchers can be used for payment for supportive housing programs like Cottage Housing Incorporated's Serna Village to pay for property and staffing costs.



### *I am Lawana Parkin*

I wanted to let everyone know how grateful and honored I am, and above all how fortunate I am to be part of Serna Village. The tools that are given in this self-participation-driven program have not only helped me manage my life, they have given great enlightenment as well as growth. The way we are as a community has helped us come together to help one another to better understand that we do deserve a better way of life. To be able to reach a goal to self-reliance. To understand that things don't happen overnight, but with will power and great encouragement from our community and the nourishing staff, life does get better. To be able to set healthy boundaries for myself. To learn healthy communication skills. To be able to be a part of this new way of life has given me joy, and inspiration to find myself from all the darkness that has been clouding my path for so long. *And for that, I am forever grateful.*

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